MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09551

CERTIFICATE OF DEATH

Reg. Dist. No. 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hunting Creek — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hunting Creek
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EFFIE	DEAK	BOWEN	Oct	11,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	S	Jan. 14, 1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	—	Calvert County, Md	U.S.A.

13. FATHER'S NAME: Benjamin H. Bowen
14. MOTHER'S MAIDEN NAME: Sophia Jane Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	No	Mrs Samuel Sheckells

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis

157 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46g (b) Ca of head of pancreas

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C. W. Sollars M.D. — Sharps — Oct 14 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 13, 1949	Asbury Cemetery	Barstow	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/13/49	H. W. Ward	A. A. Harkness & Son — Dowtual, Md	

RECEIVED
OCT 15 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09552

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland Adelina — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florine (Middle) (Last) Brooks

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1949

5. SEX: F

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 12, 1922

9. AGE last birthday: 27 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Brooks.

14. MOTHER'S MAIDEN NAME: Mary Brooks.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mary Brooks, Adelina, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned to death

822.5 Antecedent cause(s)

170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Can turned & caught afire

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway (CITY OR TOWN) Sunderland (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 10 (Day) 16 (Year) 49 (Hour) 2 A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Can turned & caught afire

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. W. Ward Owing Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 10-18, 49

NAME OF CEMETERY OR CREMATORY: Carrolls

LOCATION (City, town, or county): Calvert (State) Md

DATE REC'D BY LOCAL REG.: 10-17-49

REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR: P. E. Sewell. Prince Frederick Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1949
BUREAU V. S.

09553

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Boy (Middle) Herman Andrew (Last) Carter

4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) new born
8. DATE OF BIRTH Sept 27, 1949
9. AGE last birthday — yrs. If under 1 year Months Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland Calvert Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herman Carter
14. MOTHER'S MAIDEN NAME Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Herman Carter, Sr. Huntingtown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital heart condition

754.4 Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Whitland ADDRESS St Leonard Md DATE SIGNED 10/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10-3-49
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Calvert, (State) Md

DATE REC'D BY LOCAL REG. 10-3-49
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P.E. Sewell Prince Frederick, ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 6 1920
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

09554

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick | LENGTH OF STAY (in this place) 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) A. (Last) CRANFORD
4. DATE OF DEATH: (Month) Oct. (Day) 16, (Year) 1949

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: March 15 1876
9. AGE last birthday: 73 yrs. | If under 1 year: Months 7 Days 7 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homes
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Calvert County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J. Cox
14. MOTHER'S MAIDEN NAME: Martha Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Tilden Cranford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage
163 Antecedent cause(s)
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Kidney
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1949, to Oct 16, 1949, that I last saw the deceased alive on Oct 16, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jesse Pratt — ADDRESS: Prince Frederick — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 19, 1949 | NAME OF CEMETERY OR CREMATORY: Emanuel Cemetery | LOCATION (City, town, or county): Parran | (State): Md

DATE REC'D BY LOCAL REG. 10-18-49 | REGISTRAR'S SIGNATURE: H. H. Hard

24. FUNERAL DIRECTOR: A. A. Harkness & Son — Mutual, Md. — ADDRESS

VS. A15

RECEIVED
OCT 20 1949
BUREAU V. S.

09555

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake Beach
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First): Edward (Middle): (Last): Gantt
4. DATE OF DEATH (Month): 10 (Day): 5 (Year): 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: July 31, 1881
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Gantt
14. MOTHER'S MAIDEN NAME: Anna Chew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Jane Gantt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage
816.5 Antecedent cause(s) in embolic
170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intracardiac, Fractured Ribs
(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Air in subcutaneous tissue

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Road — (CITY OR TOWN): Sunderland — (COUNTY): Calvert — (STATE): Md
TIME OF INJURY (Month): 10 (Day): 5 (Year): 1949 (Hour): 6A m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Auto accident — Collision with other motor vehicle

22. I hereby certify that I attended the deceased from 10/5, 1949, to 10/5, 1949, that I last saw the deceased alive on 10/5, 1949, and that death occurred at 2:45 P m., from the causes and on the date stated above.

SIGNATURE: H. Ward, (Degree or title) A.M.E. — ADDRESS: Orony Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Oct. 7, 1949
NAME OF CEMETERY OR CREMATORY: All Saints Cemetery
LOCATION (City, town, or county): Sunderland, (State): Md

DATE REC'D BY LOCAL REG.: 10-7-49
REGISTRAR'S SIGNATURE: H. W. Ward
24. FUNERAL DIRECTOR: A. A. Harkness & Son — ADDRESS: Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 8 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09556

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Lusby~~ Lusby.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby Rural
STREET ADDRESS (If rural, give location) Lusby rural

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) (Last) Gross

4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1949

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH P 1870

9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Paul Johnson

14. MOTHER'S MAIDEN NAME Pricilla Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hozie Gross Lusby, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s)

443 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension cvd

(c) Generalized Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on Oct 7, 1949, and that death occurred at 24 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams ADDRESS St Leonard DATE SIGNED Oct 87

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 10-10-49

NAME OF CEMETERY OR CREMATORY St Johns

LOCATION (City, town, or county) Calvert (State) md

DATE REC'D BY LOCAL REG. 10-10-49

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P.E. Sewell ADDRESS Prince Frederick

RECEIVED
OCT 12 1949
BUREAU V. S.

COMPLETION OF NAME AND DATE: LETTER FROM INFORMANT JESSE HOLMES FILMED G122 10-26-49 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09557

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ches. Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calv.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomon
STREET ADDRESS (If rural give location) Md

3. NAME OF DECEASED (Type or Print) (First) GENE FRANCES (Middle) SPRINGER MARTIN HOLMES (Last) Gene Holmes

4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH 12-29-00 | 9. AGE last birthday 48 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Navy | 11. BIRTHPLACE (State or foreign country) Pa | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — | 14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Jesse Holmes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Fra~~ Cerebral Hemorrhage &

Antecedent cause(s) 850.8 (b) Drown

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 172 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ? | PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Ches. Bay | (CITY OR TOWN) On Boat (COUNTY) (STATE)

TIME OF INJURY (Month) 10 (Day) 9 (Year) 49 (Hour) 2P m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? ?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 2P m., from the causes and on the date stated above.

SIGNATURE H Willard D.S. M.E. (Degree or title) | ADDRESS Owings | DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE Oct Sept 11, 1949 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Harrisburg, Pa (State)

DATE REC'D BY LOCAL REG. Sept 10, 1949 Oct | REGISTRAR'S SIGNATURE Grace L. Hutchins | 24. FUNERAL DIRECTOR Baker's Funeral Home | ADDRESS Harrisburg, Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1949
BUREAU V. S.

mw

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

09558

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH · COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland Huntingtown, LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown, Rural,
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thelma (Middle) A. (Last) Mackall			4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 1949		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH July 11- 1927	9. AGE last birthday 22 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland A.A. County	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Aaron Sellers			14. MOTHER'S MAIDEN NAME Louise Holt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Louise Jones Huntingtown, md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned to death

822.5 Antecedent cause(s)

170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Car turned & caught afire

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway	(CITY OR TOWN) Sunderland (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 10 (Day) 16 (Year) 49 (Hour) 2 A m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? Car turned & caught afire

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE H. N. Ward (Degree or title) Owing ADDRESS Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 10-18-49	NAME OF CEMETERY OR CREMATORY Adams Chapel	LOCATION (City, town, or county) A.A. County (State) md
DATE REC'D BY LOCAL REG 10-17-49	REGISTRAR'S SIGNATURE H. N. Ward	24. FUNERAL DIRECTOR P. E. Sewell Prince Frederick, md	ADDRESS

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OCT 19 1949
BUREAU V. S.

Evidence for change in 9 shown on:

FILM No. G 122 OCT 25 1949

09559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY: Calvert — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location): Rural.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) M. (Last) Mason.				4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 1947	
5. SEX: F	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Nov. 18, 1871	9. AGE last birthday: 77 ~~78~~ yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Thomas Smallwood			14. MOTHER'S MAIDEN NAME: Not Known.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Lydia Bell. Prince Frederick, Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1949, to Oct 16, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 5:55 Am., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: St Leonard, — DATE SIGNED: 10/17

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 10-20-49	NAME OF CEMETERY OR CREMATORY: Carroll's	LOCATION (City, town, or county): Calvert (State): Md
DATE REC'D BY LOCAL REG.: 10-17-49	REGISTRAR'S SIGNATURE: H. W. Ward	24. FUNERAL DIRECTOR: P. E. Sewell Prince Frederick, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09560

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Sollers.

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 24, 1920

9. AGE last birthday: 29 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland AA Co.,

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aaron Sollers.

14. MOTHER'S MAIDEN NAME: Louise Holt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Louise Jones. Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burned to death — INTERVAL BETWEEN ONSET AND DEATH

8225 Antecedent cause(s)

1700 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Car turned & caught fire

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway (CITY OR TOWN): Sunderland (COUNTY): Calvert (STATE): Md

TIME OF INJURY (Month) 10 (Day) 16 (Year) 49 (Hour) 2 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Car turned and caught fire

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE Howard Dorsey MD (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10-18-49 | NAME OF CEMETERY OR CREMATORY: Adams Chapel | LOCATION (City, town, or county) (State): A.A. County Md

DATE REC'D BY LOCAL REG. 10-17-49 | REGISTRAR'S SIGNATURE: H. H. Hard

24. FUNERAL DIRECTOR: P.E. Sewell Prince Frederick, Md. ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09561

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Owings~~
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunderland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Sollers Jr.

4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 1949

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH July 30th 1915

9. AGE last birthday 34 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Sollers, Sr.

14. MOTHER'S MAIDEN NAME Carrie Mackall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Dorothy Washington, Sewell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned to death

822.5 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contusion & Cerebral Infarct

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hog Pen

(CITY OR TOWN) Sunderland (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 10 (Day) 16 (Year) 49 (Hour) 2 A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Contusion and Cerebral Infarct

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. W. Ward Owing Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 10-19-49

NAME OF CEMETERY OR CREMATORY Halls Creek

LOCATION (City, town, or county) Calvert Co. (State) Md

DATE REC'D BY LOCAL REG. 10-17-49

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P.E. Sewell Prince Frederick, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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09562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunderland ~~[illegible]~~
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Carlise Thomas.
4. DATE OF DEATH (Month) (Day) (Year): 10 – 16 – 1949

5. SEX: M.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 3, 1914
9. AGE last birthday: 34 ~~36~~ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Calvin Thomas
14. MOTHER'S MAIDEN NAME: Ernestine Green.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): U.S. (If year, give war or dates of service): World War II
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Calvin Thomas Prince Frederick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned to death in car

822.5 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Car turned and caught afire

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN) (COUNTY) (STATE): Sunderland Calvert Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 10 16 49 2 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Car turned & caught afire

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: H. W. Ward Surrey Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 10-18-49
NAME OF CEMETERY OR CREMATORY: Mt Olive,
LOCATION (City, town, or county) (State): Calvert Md

DATE REC'D BY LOCAL REG.: 10-17-49
REGISTRAR'S SIGNATURE: H. W. Ward
24. FUNERAL DIRECTOR ADDRESS: P. E. Sewell Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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